

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

( ) State of Alaska

( ) In the Matter of

( )

vs.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Defendant or Minor

FINANCIAL STATEMENT

☐ For Appointment of Counsel

☐ For Restitution

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Soc. Sec. No.\* \_\_\_\_\_

Are you under the age of 18? ☐ Yes ☐ No If yes, one of your parents must appear and provide financial information regarding the income of both parents.

Have you filled out a financial statement to apply for a court-appointed attorney within the past 12 months? ☐ Yes ☐ No Was an attorney appointed for you? ☐ Yes ☐ No

Are you receiving public assistance? ☐ Yes ☐ No If so, check those you receive:  
☐ SSI ☐ Food Stamps ☐ Medicaid ☐ ATAP ☐ Adult Public Assistance ☐ General Relief

Are you working now? ☐ Yes ☐ No If not, date last worked \_\_\_\_\_

Present Employer \_\_\_\_\_

(If not now employed, state last employer and length of job.)

Employer's Address \_\_\_\_\_

Other Employers in Past Year \_\_\_\_\_

Are you a seasonal worker? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

**1. DEFENDANT'S INCOME INFORMATION** (after taxes, but before other deductions)

Do not include income of spouse. If defendant is under age 18, list income of both defendant and parents.

a. Current Monthly Income

Wages	\$ _____
Social Security	\$ _____
Public Assistance	\$ _____
Unemployment	\$ _____
Other (specify) _____	\$ _____

\_\_\_\_\_  
**Total Monthly Income** \$ \_\_\_\_\_

\* Social Security number is not mandatory. It may be used to identify your assets.

- b. Permanent Fund Dividends received in last 12 months \$ \_\_\_\_\_
- c. ANCSA or other corporate dividends received in last 12 months \$ \_\_\_\_\_
- d. Value of gifts received in last 12 months \$ \_\_\_\_\_
- e. **Total Income during last 12 months** \$ \_\_\_\_\_  
(Includes gifts, settlements, inheritances, wages, dividends, etc.)
- f. Do you expect to receive other income in the next 6 months (for example, settlements, dividends, gifts, inheritances)? ☐ Yes ☐ No  
If yes, please specify \_\_\_\_\_

**2. HOUSEHOLD MEMBERS** (People who live with you)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. MONTHLY HOUSEHOLD EXPENSES**

<u>Expense</u>	<u>Amount</u>	<u>Balance Owed</u>	<u>Past Due</u>
Food	\$ _____	\$ _____	\$ _____
Housing: Rent or Mortgage	\$ _____	\$ _____	\$ _____
Utilities: Gas, Electricity	\$ _____	\$ _____	\$ _____
Water, Garbage,	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Transportation (gas/bus)	\$ _____	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Child Support or Alimony	\$ _____	\$ _____	\$ _____
List Loans & Credit Card Debts:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Medical (not covered by insurance)	\$ _____	\$ _____	\$ _____
Childcare: _____	\$ _____	\$ _____	\$ _____
IRS Back Taxes Due	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**ADJUSTMENTS TO EXPENSES:**

- a. Are you married? ☐ Yes ☐ No  
If yes, list spouse's total income after taxes for the past 12 months  
(include gifts, settlements, inheritances, wages, dividends, etc.): \$ \_\_\_\_\_  
*Note: For purposes of deciding appointment of counsel, expenses will be divided between spouses proportionate to each spouse's income.*

- b. Are any household expenses paid by someone other than you or your spouse (for example, by a roommate, parent, grandparent or child)? ☐ Yes ☐ No If yes, list:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

4. **CASH AND ASSETS** (things you own or are buying) Include all things you own by yourself and all things you own jointly with someone else.

	<u>Value</u>	<u>Amount Still Owed</u>
Cash	\$ _____	
Bank Acct./Checking	\$ _____	
Bank Acct./Savings	\$ _____	
Stocks, Bonds, CD's,		
Mutual Funds	\$ _____	
Retirement Plans	\$ _____	
Life Insurance (cash value)	\$ _____	
Land, Homes, Trailers	\$ _____	\$ _____
Motor Vehicles (describe):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TV, Stereo, VCR	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____
Snow Machines, Boats, ATVs,		
Airplanes, Motorcycles	\$ _____	\$ _____
Jewelry, Precious Metals or		
Precious Stones	\$ _____	\$ _____
Furs .....	\$ _____	\$ _____
Collections (Coins, Ivory, etc.)	\$ _____	\$ _____
Tools .....	\$ _____	\$ _____
Guns .....	\$ _____	\$ _____
Sports Equipment (Kayaks,		
Skis, Scuba Gear, etc.)	\$ _____	\$ _____
Fishing Gear .....	\$ _____	\$ _____
Quota Shares, IFQs .....	\$ _____	\$ _____
Businesses: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS	\$ _____ (-)	\$ _____ = \$ _____

Do you need any of the above items to earn your living? ☐ Yes ☐ No If yes, list the item and describe why you need it \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. CREDIT CARDS.** List all your credit cards.

<u>Name of Card</u> <u>(Visa, MC, AMX)</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Minimum Monthly</u> <u>Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**6. OTHER EXPENSES**

<u>Expense</u>	<u>Monthly Amount</u>
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (magazines, newspapers, etc.)	\$ _____
Entertainment (dining out, (movies, theater, sporting events, etc.)	\$ _____
Alcohol and Tobacco	\$ _____
TOTAL	\$ _____

**OATH**

**WARNING:** Making false statements under oath is a crime.

I declare, under oath, that the above Financial Statement is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant or Parent

Subscribed and sworn to or affirmed before me in \_\_\_\_\_, Alaska  
on \_\_\_\_\_.  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other  
person authorized to administer oaths.  
My commission expires: \_\_\_\_\_